

## HAWAII STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

### EMERGENCY APPLICATION – CERTIFICATE OF NEED PROGRAM

Application Number 06-09E  
Applicant: ACI Pacific LLC  
17-3404 Neptune Avenue  
Barrigada, GU 96913  
Phone: 671 477-0179x117

Project Title: Establishment of fixed wing ambulance service

Project Address: 1314 S. King Street, #1458, Honolulu, HI (Office)

1. TYPE OF ORGANIZATION: (Please check all applicable)

Public \_\_\_\_\_  
Private XXXX  
Non-profit \_\_\_\_\_  
For-profit XXXX  
Individual \_\_\_\_\_  
Corporation \_\_\_\_\_  
Partnership \_\_\_\_\_  
Limited Liability Corporation (LLC) XXXX  
Limited Liability Partnership (LLP) \_\_\_\_\_  
Other: \_\_\_\_\_

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2. PROJECT LOCATION INFORMATION

A. Primary Service Area(s) of Project: (please check all applicable)

ST. HLTH. LIND  
& DEV. AGENCY

Statewide: XXXX  
O`ahu-wide: \_\_\_\_\_  
Honolulu: \_\_\_\_\_  
Windward O`ahu: \_\_\_\_\_  
West O`ahu: \_\_\_\_\_  
Maui County: \_\_\_\_\_  
Kaua`i County: \_\_\_\_\_  
Hawai`i County: \_\_\_\_\_

3. DOCUMENTATION (Please attach the following to your application form):

A. Site Control documentation (e.g. lease/purchase agreement, DROA agreement, letter of intent)

*See attached letter from Air Service Hawaii*

*Emergency Airlift will base aircraft and crew in 5 different locations: Honolulu, Kahului, Kona, Hilo, and Lihue. Emergency Airlift expects to base its maintenance facilities on the island of Oahu.*

B. A listing of all other permits or approvals from other government bodies (federal, state, county) that will be required before this proposal can be implemented (such as building permit, land use permit, etc.)

*FAA Part 91  
FAA Part 135  
FAA Air Ambulance Authorization  
Medicare/Medicaid Provider Number and Agreement  
EMS License*

C. Your governing body: list by names, titles and address/phone numbers

*Terry W. Habeck, CEO  
17-3404 Neptune Avenue, Barrigada, GU 96913  
Tel: (671) 477-0179 Fax: (671) 477-0178*

*Ed Langerveld, President  
1180 Airport Way*

North Bend, OR 97459  
Tel: (541)756-6903 Fax:(541)756-6962

D. If you have filed a Certificate of Need Application this current calendar year, you may skip the four items listed below. All others, please provide the following:

- Articles of Incorporation
- By-Laws
- Partnership Agreements
- Tax Key Number (project's location)

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4. **TYPE OF PROJECT.** This section helps our reviewers understand what type of project you are proposing. Please place an "x" in the appropriate box.

	Used Medical Equipment (over \$400,000)	New/Upgraded Medical Equip. (over \$1 million)	Other Capital Project (over \$4 million)	Change in Service	Change in Beds
Inpatient Facility					
Outpatient Facility				X	
Private Practice					

5. **BED CHANGES.** Please complete this chart only if your project deals with a change in your bed count and/or licensed types. Again, this chart is intended to help our reviewers understand at a glance what your project would like to accomplish. Under the heading "Type of Bed," please use only the categories listed in the certificate of need rules.

Type of Bed	Current Bed Total	Proposed Beds for your Project	Total Combined Beds if your Project is Approved

## 6. PROJECT COSTS AND SOURCES OF FUNDS

**A. List All Project Costs:****AMOUNT:**

1. Land Acquisition \_\_\_\_\_
2. Construction Contract \_\_\_\_\_
3. Fixed Equipment \_\_\_\_\_
4. Movable Equipment (purchase)  
5 Commander 690B Air Ambulance \$3,500,000  
Medical Equipment \$150,000 per aircraft \$ 750,000
5. Financing Costs \$ 324,000
6. Fair Market Value of assets acquired by purchase
7. Other: \_\_\_\_\_

**TOTAL PROJECT COST: \$4,574,000****B. Source of Funds**

1. Cash \$2,000,000
2. State Appropriations \_\_\_\_\_
3. Other Grants \_\_\_\_\_
4. Fund Drive \_\_\_\_\_
5. Debt \_\_\_\_\_
6. Other: Minimum commitment to fund from Sojitz Corporation  
\$2,574,000

**TOTAL SOURCE OF FUNDS: \$4,574,000**

7. **CHANGE OF SERVICE:** If you are proposing a change in service, then please briefly list what services will be added/modified. Be sure to include the establishment of a new service or the addition of a new location of an existing service. Please reference the Certificate of Need Rules Section 11-186-5 for the categories of

services. If you are unable to determine which category best describes your project, please consult with agency staff.

*Fixed wing air ambulance operator to service the State of Hawaii.*

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**8. IMPLEMENTATION SCHEDULE:** Please present a projected time schedule for the completion of this project from start to finish. Include all of the following items that are applicable to your project:

- a) Date of site control for the proposed project,

*Site control is anticipated to be completed upon approval of certificate of need.*

- b) Dates by which other government approvals/permits will be applied for and received,

*All appropriate government permits are anticipated to be filed and expedited upon approval of certificate of need.*

- c) Dates by which financing is assured for the project,

*Financial assurance has been completed prior to launch of the project and submittal of the documents. (March 31, 2006)*

- d) Date construction will commence,

*No construction required other than minor office improvements.*

- e) Length of construction period,

*Not applicable.*

- f) Date of completion of the project,

*We project that all 5 aircraft and crew will be positioned within 90 days from the start of our operations.*

- g) Date of commencement of operation

*Operations can commence 30 days after approval of CON application. First aircraft has been acquired, outfitted with*

*medical equipment and is on standby to fly to State of Hawaii.*

Please remember that the Agency does monitor the implementation of Certificates approved. Non-implementation of a project as described in your application may result in a fine and/or withdrawal of the certificate of need.

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9. **EXECUTIVE SUMMARY:** Please present a brief summary of your project. In addition, provide a description of how your project meets each of the certificate of need criteria listed below. If a new location is proposed, please attach an easy to read map that shows your project site.

We submit that the air transport trauma system is deteriorating and in a state of emergency in accordance with TITLE 11 DEPARTMENT OF HEALTH STATE OF HAWAII STATE HEALTH PLANNING AND DEVELOPMENT AGENCY CHAPTER 186 Rule 99b which states: "For purposes of this section, an emergency situation is a state of affairs involving an actual substantial injury to public health or where there is a clear and present danger of such an injury occurring."

EAL is requesting for an emergency administrative review of its application to provide fixed wing air ambulance services for the State of Hawaii based on these issues:

1. <sup>1</sup>The average emergency response time for the current provider of fixed wing air ambulance service was averaging beyond 5 hours as reported in December 2005.
2. <sup>2</sup>According to Toby Claremont, unit commander of The Disaster Medical Assistance Team, a "medical-care gap" exists. The citizens and visitors of Hawaii presently have no dedicated provider of air ambulance services providing emergency coverage to the entire state for all illnesses and injury.
3. <sup>3</sup>The Coast Guard has agreed to provide helicopters, C-130 planes and flight crews to transport critical-care patients at no cost to the state as long as its primary mission of search and rescue at sea is not compromised.
4. According to a report, based on the October 2005 Trauma System Consultation by the American College of Surgeon's (ACS), Committee on Trauma, <sup>4</sup>"The lack of air transport services to serve the needs of the growing populations on the neighbor islands is among the greatest threats to the lives and limbs of injured Hawaiians."

<sup>1</sup> Based on HAA December 2005 Report

<sup>2</sup> Honolulu Advertiser article dated March 29, 2006

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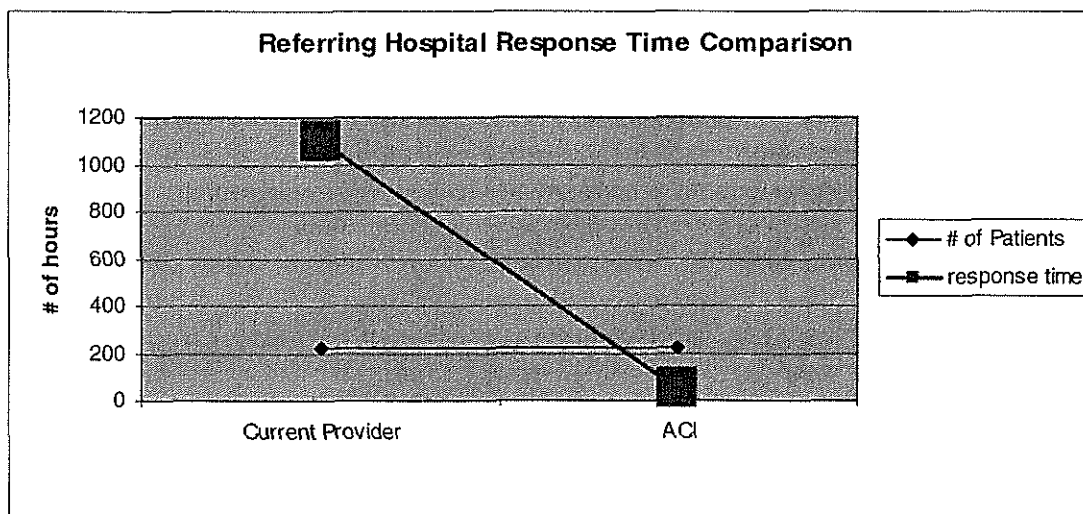
<sup>4</sup> American College of Surgeons, Committee on Trauma, Trauma System Consultation Report, October 2005, p.62

To summarize, the emergency air ambulance response time is extremely slow and a medical-care gap exists because there are no dedicated air ambulances available to provide coverage for the entire state for all illnesses and injuries. Lastly, the agreement with the Coast Guard to provide emergency transport is subject to their primary mission of search and rescue at sea.

An emergency exists when time is of the essence as it relates to life, limb and vision. Time and Distance become the overriding factors and the difference between life versus death and permanent versus temporary injury. Slow response times and zero availability of air ambulances and qualified air medical crews, required for patient transport, should be classified as a clear and present danger to the public health.

This situation can be remedied in a matter of weeks by the acceptance and approval of this application through an emergency administrative review. EAL's 20 years of unblemished air ambulance experience and approach is all inclusive, long term and expansive. This application is not a fragmented or a "band-aid" solution.

EAL recognizes that over 335,000 residents of Hawaii's outer islands are not privileged with the same accessibility to quality healthcare as those who reside in metropolitan areas. The Hawaii Health Performance Plan's (H2P2) goal is to reduce health disparities through the provision of "equitable and effective access at a reasonable cost for all Hawaii residents to health services that are responsible to the holistic needs of community members." EAL will outline a plan of action that will provide safe and effective access to the trauma facility in Honolulu while drastically reducing response time to the referring hospitals in an effort to reduce the healthcare disparities for the residents and visitors of the neighbor islands.



This chart references the current provider of service averaging just over 200 flights per month with a response time of approximately 5 hours. The cumulative response time is

1100 hours. EAL's proposal to provide service with 5 air ambulances and flight crew at the major airports throughout the state will reduce response time to these 200+ monthly flights to 105 hours.

To illustrate this, according to the Hawaii Air December 2005 report, once an emergency call was received from the neighbor islands, their referring hospital response time was 4 hours 41 minutes per call from Honolulu (base station) to arrive at the referring hospital's airport (this does not include transport time for the med crew from the airport to the referring hospital, (which is estimated at 38 minutes).

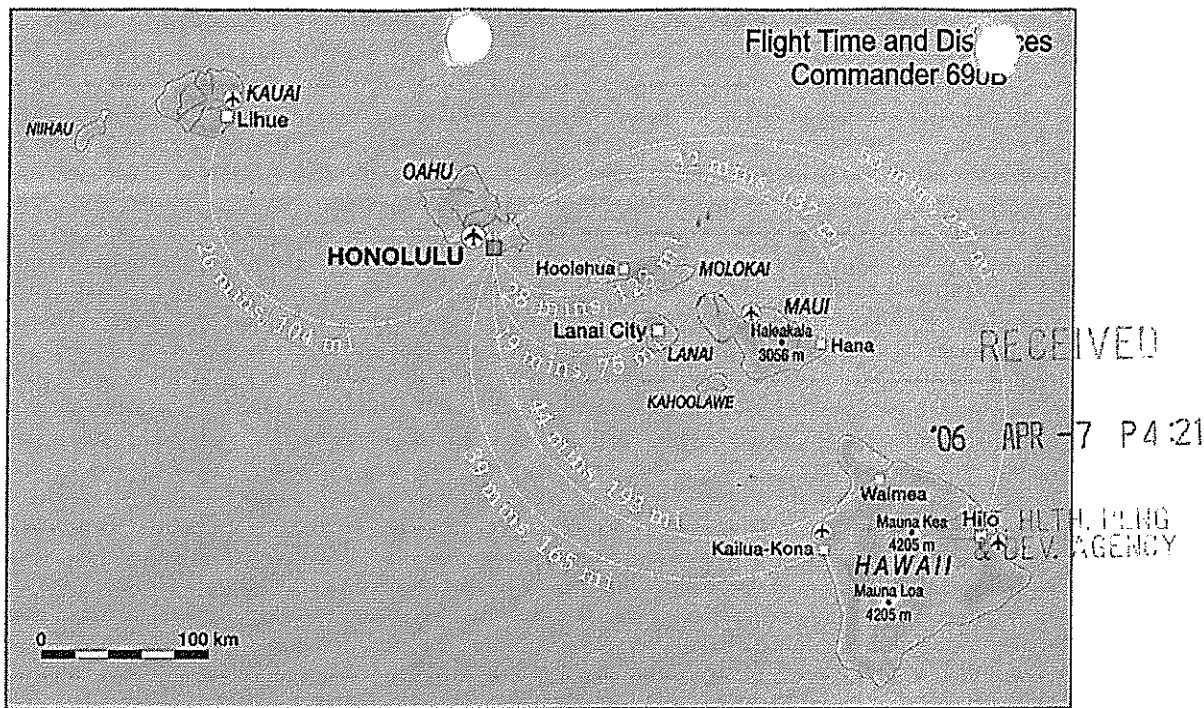
**EAL's emergency response to the referring hospital will be 15 minutes to the major hospitals and no more than 60 minutes to hospitals located in remote proximities of our 5 base stations.**

The rates of unintentional injury on the neighbor islands were more than double those in Honolulu County across most age categories. Injury in the State of Hawaii accounts for 50.7% of deaths for persons aged 1-44, roughly one third more than that of cancer and heart disease combined. While possibly a function of several factors, this large disparity in the mortality rate from trauma suggests an association between delayed access to organized, definitive trauma care and risk of death in areas outside of Oahu. These data underscore the seriousness of traumatic injury as a public health problem in the State.

To help fill this gap EAL commits to commence air ambulance operations upon approval of this Certificate of Need application. EAL will provide coverage to Hawaii's population base spread over a 1,523 mile range with a 24/7 operation. Operations will begin with one aircraft, a Commander 690B, and within 90 days (subject to FAA approvals) 4 other Commander 690B aircraft and 12 flight crews will be positioned (Kona, Hilo, Kahului, Lihue and Honolulu). Other aircraft may be added to the fleet to increase service efficiencies as the need arises. This will provide greater access to air transport to residents and visitors located on the neighbor islands.

One death or permanent injury caused by the inability to provide timely transport to critical medical care and treatment... is one death and one permanent injury too many!





First year revenues are estimated to be \$7.92 million dollars with expenses estimated at \$7.12 million dollars. Year three has revenues projected at \$9.58 million dollars with expenses at \$7.61 million dollars. The resources to start operations are in place through a financial commitment from Sojitz Corporation of Japan, a multi-billion dollar company.

Emergency Airlift, is an existing provider of ALS air ambulance service in the state of Oregon. With over 20 years industry experience, EAL can offer established and proven operating procedures with the best interest of patients in mind. Emergency Air Lift has never had an accident, incident or even a scratched aircraft in its history. Furthermore, intensive crew training, simulator based training, assignment and support of safety and training officers further enhances in the development and continuation of a culture of safety in Hawaii.

Latest technological advancements will be on board all aircraft for in flight dispatch changes predicated upon the criticality of the patient requirements. All EAL aircraft will be equipped with Sat-Com telephone systems. Immediate aircraft provisions for telemedicine communication are being anticipated as well. In this fashion attending physicians can ascertain and monitor patient vital signs while the patient is enroute.

While our competitors are considering deploying one or two aircraft, Emergency Air Lift is already planning for growth into the entire Pacific Rim Region. Emergency Air Lift will have air ambulance capability in Kuala Lumpur, Malaysia by June of this year. Further expansion to Guam, as well as into China is also scheduled for the current calendar year.

EAL will use the findings of the American College of Surgeons report to be an inclusive member of Hawaii's healthcare community working with physicians and hospitals to coordinate patient care while in transit. EAL will promote and finance a community advisory group and under the direction and guidance of SHPDA's sub-area councils, whose primary objective would be to provide input, feedback and seek guidance relative to the providing air ambulance service to the local communities.

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EAL already has one Commander 690B on stand-by and has the capital commitment to acquire the 4 additional aircraft for the air ambulance operation in Hawaii. Experienced personnel are on standby and are ready for deployment upon approval of the Certificate of Need. Aircraft management and maintenance will be provided by experienced EAL personnel, and crewmembers will be on-duty on a rotating schedule, 24 hours a day, 7 days a week. Licensed and experienced medical personnel will also be available on a similar schedule. EAL aircraft would be turbine engine, which provides vastly improved performance, reliability, and safety. In a business where minutes count, our turbine Aero ommanders has a substantial 100 Knot faster block speed

Clearly an emergency situation exists and EAL is requesting for an expedited review and approval of this application to address and fill those needs to assist those who are sick and/or injured on the neighbor islands of Hawaii by providing fixed wing air ambulance transport.

**One death or permanent injury caused by the inability to provide timely transport to critical medical care and treatment ... is one death and permanent injury too many!**

**a) Relationship to the Hawai'i Health Performance Plan (H2P2), also known as the State of Hawai'i Health Services and Facilities Plan.**

EAL recognizes that residents of Hawaii's outer islands are not privileged with the same accessibility to quality healthcare as those who reside in metropolitan areas. EAL's vision is in line with the Hawaii Health Performance Plan's goals of reducing health disparities through the provision of "equitable and effective access at a reasonable cost for all Hawaii residents to health services that are responsible to the holistic needs of community members."

We also understand that Hawaii's elderly population is growing rapidly and the need to have timely access to the State's only trauma facility and geriatric specialists in Honolulu increases dramatically each year. As stated in the H2P2 policy guidebook, from 1990-2010 those 60+ will grow by 72% (one in five persons) those 85+ will grow by 286%.

We have reviewed and acknowledge some of the related needs of the following Subarea Councils:

Kauai County

1. Increase access to cost-effective health care services

Maui County

1. Emergency Medical Services – Ground and Aero medical
2. Medical Services for uninsured and unable to pay

Hawaii County Issues:

1. Transportation. This was identified as a "critical need". Access to healthcare is limited due to populations being scattered over wide distances
2. Integration of healthcare services

The citizens of Hawaii residing on the neighbor islands and their visitors should feel confident that their geographic proximity to trauma and most specialty medical care, located only in Honolulu, is just an air ambulance flight away. They should also feel that access to care is non-discriminatory and that all who are in need will be assisted through a coordinated statewide healthcare network. EAL will meet these needs and their personnel will periodically attend recurrent training programs that meet or exceed industry standards.

Efforts will be made to hire local personnel who are familiar with the cultural needs of Hawaii's residents and who can easily adapt to dynamic working environments. Quality and safety are the paradigms of EAL's philosophy and as such, performance measures and feedback procedures will be implemented to ensure EAL's team is held to the highest and most rigorous of standards at all times.

EAL will promote and finance a community advisory group and under the direction and guidance of SHPDA's sub-area councils, whose primary objective would be to provide input, feedback and seek guidance relative to the providing air ambulance service to the local communities.

EAL commits to providing quality and timely access to air ambulance service throughout the State of Hawaii to all residents and visitors in need of this service. With its strong sense of accountability and its high level of efficiency, EAL proposes to provide a competent, caring, and culturally respectful service while adhering to a strict code of ethics at all times.

**b) Need and Accessibility**

According to a Department of Business, Economic Development and Tourism report in 2000, the population base of Hawaii County was 148,677. Kauai County registered at 58,463 residents and Maui County came in at 128,241 residents. Currently, these 335,381 neighbor island residents live at risk in the event of serious illness or injury

because there are no dedicated fixed wing air ambulance assets in operation to serve the sick and injured in these areas. With the only trauma center located on the island of Oahu timely access to specialized care is compromised.

The rates of unintentional injury on the neighbor islands were more than double those in Honolulu County across most age categories. Injury in the State of Hawaii accounts for 50.7% of deaths for persons aged 1-44, roughly one third more than that of cancer and heart disease combined. While possibly a function of several factors, this large disparity in the mortality rate from trauma suggests an association between delayed access to organized, definitive trauma care and risk of death in areas outside of Oahu. These data underscore the seriousness of traumatic injury as a public health problem in the State.

We also understand that Hawaii's elderly population is growing rapidly and the need to have timely access to the State's only trauma facility and geriatric specialists in Honolulu increases dramatically each year. As stated in the H2P2 policy guidebook, from 1990-2010 those 60+ will grow by 72% (one in five persons) those 85+ will grow by 286%.

To help fill this gap EAL commits to commence air ambulance operations shortly after approval of this Certificate of Need application. EAL will provide coverage to Hawaii's population base spread over a 1,523 mile range with a 24/7 operation. EAL's emergency response to the referring hospital will be 15 minutes to the major hospitals and no more than 60 minutes to hospitals located in remote proximities of our 5 base stations.

EAL will begin with one aircraft and within 90 days have 4 other aircraft will be positioned (Kona, Hilo, Kahului, Honolulu and Lihue). Other aircraft may be added to the fleet to increase service efficiencies as the need arises. This will provide greater access to air transport to residents and visitors located on the neighbor islands.

Inquiries and activations will be handled promptly and efficiently by EAL's air ambulance schedulers. Staff will be equipped with the latest technology and the necessary resources to plan trips using the safest and most cost effective methods.

Services will be provided to all patients, without discrimination based on race, age, ethnicity, income, religion, gender, or any other category.

### **c) Quality of Service/Care**

Emergency Airlift, is an existing provider of ALS air ambulance service in the state of Oregon. With over 20 years industry experience, EAL will provide established and proven operating procedures with the best interest of patients in mind. Emergency Air Lift has never had an accident, incident or even a scratched aircraft in its history. Furthermore, intensive crew training, simulator based training, assignment and support of safety and training officers further enhances in the development and continuation of a culture of safety in Hawaii.

Latest technological advancements will be on board all aircraft for in-flight dispatch changes predicated upon the criticality of the patient requirements. All EAL aircraft will be equipped with Sat-Com telephone systems. Immediate aircraft provisions for telemedicine communication are being anticipated as well. In this fashion attending physicians can ascertain and monitor patient vital signs while the patient is enroute.

EAL will utilize Commander 690B aircraft and the crew will consist of a pilot, one Emergency Medical Technician (EMT) and a Nurse. Pilots will be licensed and certified to fly Commander 690B aircraft and have no less than 3000 hours of flight time prior to being hired by EAL. EMTs and Nurses will be certified and licensed by the State of Hawaii.

EAL aircraft would be turbine engine, which provides vastly improved performance, reliability, and safety. In a business where minutes count, our turbine Aero commanders has a substantial 100 Knot faster block speed.

Quality and safety are the paradigms of EAL's philosophy and as such, performance measures and feedback procedures will be implemented to ensure EAL's team is held to the highest and most rigorous of standards at all times. EAL personnel will periodically attend recurrent training programs that meet or exceed industry standards.

**d) Cost and Finances (include revenue/cost projections for the first and third year of operation)**

First year revenues are estimated to be \$7.92 million dollars with expenses estimated at \$7.12 million dollars. Year three has revenues projected at \$9.58 million dollars with expenses at \$7.61 million dollars. The resources to start operations are in place through a financial commitment from Sojitz Corporation of Japan, a multi-billion dollar company, to cover all of our financial needs.

Capital Costs. Five aircraft outfitted for medical transport will be brought to Hawaii to service the state. The aircraft and medical equipment value is \$4.25 million dollars and with annual financing costs estimated \$324,000. The total investment is \$4.57 million dollars.

**e) Relationship to the existing health care system**

EAL will serve as a fixed wing air transport system for seriously ill or injured patients working with physicians and hospitals. EAL will be only one element of the pre-hospital trauma system to provide hospital to hospital transfers and is willing to work with all stakeholders to improve the state's current air ambulance network. EAL will also use the findings of the American College of Surgeons report to be an inclusive member of Hawaii's healthcare community.

EAL's proposed air ambulance service is in line with the existing health care system criteria. The addition of another fixed wing air ambulance will improve the chances of survival for those patients needing specialized care only available in Honolulu. EAL's air ambulance service will eliminate any potential or existing gaps between basic and tertiary medical care. EAL intends to develop strong working relationships with physicians, medical centers and medical experts Statewide.

**f) Availability of Resources.**

EAL has the capital commitment required to acquire the necessary aircraft, provide maintenance and maintain operations for air ambulance services in Hawaii. EAL has at its disposal over \$2-million in cash, with remaining expenses being funded by Sojitz Corporation, a multi-billion dollar Japanese trading company. Discussions with experienced personnel have taken place and 12 crews will be trained and prepared for deployment subject to the approval of the Certificate of Need. Each crew will consist of one Airline Transport Rated (ATP) pilot, one Flight Paramedic (MCT), and one Flight Nurse. Pilots will be licensed and certified to fly Commander 690B aircraft and have no less than 3000 hours of flight time prior to being hired by EAL. Flight Paramedics and Flight Nurses will be certified and licensed by the State of Hawaii. Aircraft management and maintenance will be provided by experienced EAL personnel, and crewmembers will be on-call on a rotating schedule, 24 hours a day, 7 days a week. Licensed and experienced medical personnel will also be available on a similar schedule. EAL endeavors to hire locally in the State of Hawaii, but maintains strong connections with candidates on the U.S. Mainland should there be any shortage of available and qualified personnel.

EAL will hire three crews for each air ambulance base placed in full operation in Hawaii. Aircraft base operations will be located in Kona, Hilo, Kahului and Lihue. A back-up aircraft will be positioned in Honolulu. EAL's emergency response to the referring hospital will be 15 minutes to the major hospitals and no more than 60 minutes to hospitals located in remote proximities of our 4 base stations.

**10. Eligibility to file for Administrative Review.** This project is eligible to file for Administrative review because: (Check all applicable)

\_\_\_\_\_ It involves bed changes, which will have a capital expense of \$1,000,000 or less, and which will have an increased annual operating expense of less than \$500,000.

- \_\_\_\_\_ It involves service changes which will have a capital expense of \$1,000,000 or less, and which will have an increased annual operating expense of less than \$500,000.
- \_\_\_\_\_ It is an acquisition of a health care facility or service, which will result in lower annual operating expenses for that facility, or service.
- \_\_\_\_\_ It is a change of ownership, where the change is from one entity to another substantially related entity.
- \_\_\_\_\_ It is an additional location of an existing service or facility.
- \_\_\_\_\_ The applicant believes it will not have a significant impact on the health care system.

XX A State of Emergency based on Title 11 DEPARTMENT OF HEALTH STATE OF HAWAII STATE HEALTH PLANNING AND DEVELOPMENT AGENCY CHAPTER 186 Rule 99

We submit that the air transport trauma system is deteriorating and in a state of emergency in accordance with TITLE 11 DEPARTMENT OF HEALTH STATE OF HAWAII STATE HEALTH PLANNING AND DEVELOPMENT AGENCY CHAPTER 186 Rule 99b which states: "For purposes of this section, an emergency situation is a state of affairs involving an actual substantial injury to public health or where there is a clear and present danger of such an injury occurring."

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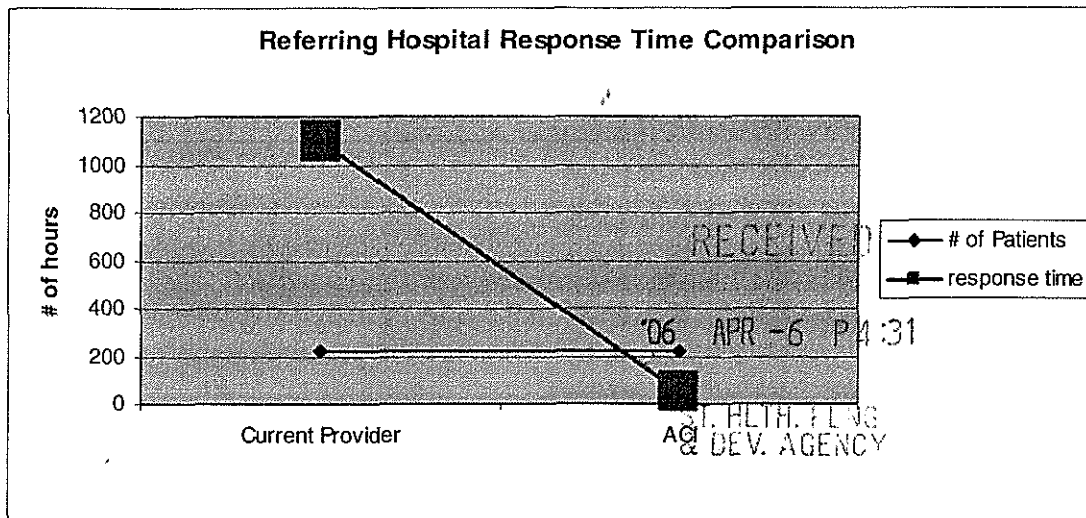
There is precedent in approving an emergency administrative review for air ambulance services for the purposes of obtaining a Certificate of Need. In 1999 SHPDA approved such an application (#99-05E) from Pacific Helicopter and AMR for helicopter ambulance service on Kahoolawe as part of the unexploded ordinance clearance and environmental restoration project. In 2004 SHPDA also approved an emergency request for administrative review for American Medical Response (AMR) for helicopter air ambulance service for the County of Maui (#04-18E).

In each of these instances the population at risk was minimal in comparison to the 335,000+ plus residents of the neighbor islands that this affects. EAL's fixed wing air ambulance will provide for all 1.2 million residents and visitors of the State without discrimination based on race, age, ethnicity, income, religion, gender or any other category.

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<sup>8</sup> American College of Surgeons, Committee on Trauma, Trauma System Consultation Report, October 2005, p.62





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To illustrate this, according to the Hawaii Air Ambulance December 2005 report, once an emergency call was received from the neighbor islands, their referring hospital response time was 4 hours 41 minutes per call from Honolulu (base station) to arrive at the referring hospital's airport (this does not include transport time for the med crew from the airport to the referring hospital, (which is estimated at 38 minutes).

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